

Division of Corporations

M2200011586

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : DORCEY LAW FIRM, PLC
Account Number : I20230000134
Phone : (239)418-0169
Fax Number : (239)418-0048

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
THE GROVE HORTICULTURE RECYCLING AND BIOCHAR, LLC

Certificate of Status	0
Certified Copy	0
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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JAN 10 2024

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE GROVE HORTICULTURE RECYCLING AND BIOCHAR, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Luca Di Nunzio
Name of Person

Dorcey Law Firm
Firm/Company

10181 Six Mile Cypress Pkwy, Suite C
Address

Fort Myers, FL 33966
City/State and Zip Code

support@dlfregisteredagent.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luca Di Nunzio at (239) 308-1073
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA (((H24000010449 3)))

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: THE GROVE HORTICULTURE RECYCLING AND BIOCHAR, LLC

Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M22000011586

3. Jurisdiction of its organization: Wyoming

4. Date authorized to do business in Florida: 07/25/2022

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: The Grove Horticulture & Recycling, LLC (must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida Street Address

City, Florida

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Melissa Lynn Hansen	1185 WEST COWBOY WAY	<input checked="" type="checkbox"/> Add
		LABELLE, FL 33935	<input type="checkbox"/> Remove
MGR	Leigh Hansen Franco	1185 WEST COWBOY WAY	<input checked="" type="checkbox"/> Add
		LABELLE, FL 33935	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Deanna Hansen
E48DCB88678A4DC
Signature of the authorized representative

Deanna S. Hansen

Typed or printed name of signee

Filing Fee: \$25.00

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STATE OF WYOMING
Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that the filing requirements for the issuance of this certificate have been fulfilled.

CERTIFICATE OF NAME CHANGE

Current Name: **The Grove Horticulture & Recycling, LLC**
Old Name: **The Grove Horticulture Recycling and Biochar, LLC**

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this **16th** day of **December, 2023**



Filed Date: 12/16/2023

Handwritten signature of Chuck Gray in cursive script.

Secretary of State

By: Lori Medina

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